

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

<u>BIRTH</u>- NUMBER REQUESTED

DEATH- NUMBER REQUESTED (Hamilton County Deaths Only)

\$23.00 Short Form Abstract (All Texas Births) \$23.00 Long Form (Hamilton County Births Only) _____\$21.00 First Certified Copy _____\$4.00 Each Additional Copy

(Accepted forms of payment include: Cash, Check or Money Order) Debit/Credit \$3.00minimum or 3% convenience fee applies for card payments

> PLEASE PRINT ALL INFORMATION AND PRESENT VALID GOVERNMENT ISSUED PHOTO ID.

1.Full Name of Person on Record	First		Middle		Last (N	laiden/Suffix)
2.Date of Birth or Death	Month	Day		Year		Sex
3.Place of Birth or Death	City or Town		County		Texas	
4.Full Name of Parent 1	First		Middle		Last (Maiden/Suffix)	
5.Full Name of Parent 2	First		Middle		Last (Maiden/Suffix)	
6. Applicant's Name:	7. Phone Number					

8. Mailing Address: ____

		_	
Street Address	City	State	Zin

10. Relationship to Person on Record: _____11. Purpose for obtaining this record: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Signature of Applicant

Date

FOR OFFICE USE ONLY							
Deputy	Certificate #	Type of ID	ID#				